



# Outpatient Hospital Fee Schedule Workgroup Status – 3/7/2006

Attendees – Sara, Lori, Karen, Terry, Kyra, Cynthia, Brent R., JeanEllen  
Not in Attendance – Becky, Susan G., Albert, Brent B.

## ----- Topics -----

### Updates:

- 1. Multiple surgery logic (O/P and 1500's; claims and encounters) - Adhoc report review for claims completed; 8 claims identified for adjustment and sent to Becky Fields on 2/23 (attached). Encounter changes for 1500's still in progress by ISD.**  
*Reviewed attachment of analysis completed and communicated to Becky. Kyra to follow-up to ensure the group is notified when all adjustments have been completed. Lori will request a status from ISD on Encounter 1500 changes. Claims changes promoted 1/5.*
- 2. Same Day Admission/Discharge, Same Day Admission/Transfer logic discussion (claims and encounters). – Adhoc report review for claims in progress, approximately 50% completed, no claims identified so far for adjustment.**  
*Reviewed status of Adhoc review. Claims/encounter changes promoted 1/5.*
- 3. OP Remittance Advice – Awaiting new ATR run to validate the correction of submitted problem reports.**  
*Lori will request a current status from ISD.*
- 4. Production Claims Issue Related to the Relocation of the PGM% to Follow Cutbacks – Adhoc report review completed; 20 hospitals were overpaid (total recoupment calculated to be \$221,609.00) (attached); Waiting for approval for Claims to adjust impacted claims. Per Becky 2/28 there is a possible issue related to other cutback reasons.**  
*Reviewed attachment of analysis completed and communicated to Sara for next steps. Kyra to follow-up with Becky (John A) on examples of issues she reported.*
- 5. OP Modifiers – SSR submitted to reload table; open questions to be sent to Karen and Terry; Matrix provided attached.**  
*Lori will schedule a follow-up meeting with Karen and Terry*

*to review questions and potential areas of concern.*

6. **CCI Production Issue** – (While reviewing production claims that have failed for new or modified O/P edits an issue was discovered with the handling of claims which fail the new O/P CCI edit L199). – **Meeting to be held 3/7 to review reference table logic for both Claims and Encounters.**

*An update will be provided to the workgroup on the outcomes of the 3/7 meeting at the 3/21 workgroup meeting.*

7. **CCI Denial Question** – (A question was posed as to why claims which fail CCI edits are denied rather than the claim which failed disallowed). – **Discussed in 1/6 meeting, determination made to make no changes to this handling at this time and evaluate concerns from providers as they arise and after corrections as outlined in #6 have been implemented.**

*On hold pending completion of #6.*

8. **Medicare Inpatient Only Codes** – (A question was posed regarding the handling of Inpatient only procedure codes for O/P claims). – **No specific changes will be made at this time, per discussion in 1/6 meeting; however a spreadsheet to be housed on the “G” share drive under OP has been developed to allow for the initial capture of these types of codes for reporting and future evaluation. More information on the specific location of this spreadsheet to be provided in the next Workgroup meeting.**

*Spreadsheet created to address, will send a follow-up email and present the location, maintenance rules, etc... in the next workgroup meeting.*

9. **Open Encounter Problem Reports** – There are several open O/P problem reports as a result of Step 1 of the O/P Encounter test plan. Documentation as to issue which require further discussion by this group is being prepared by ISD and a meeting will be scheduled to discuss. Will likely result in a discussion of duplicate editing within the scope of this workgroup pending a follow-up meeting with the smaller group.

*A meeting will be scheduled the week on 3/20 to review and resolve all outstanding issues.*

10. **Health Plan Consortium Meeting (3/3)** – **Follow-up survey to be distributed; results of the survey will be compiled and discussed for determination of next steps (attached). Is follow-up with Health Plans unable to dial in needed?**

*Follow-up survey to be distributed by COB, reviewed with Workgroup. Also reviewed at a high level the initial responses received. Brent to schedule a follow-up conference call with those health plans who were unable to dial-in.*

11. **Bundling considerations for differences in dates at the line level** – **FFS bundling currently considers only those services on the same date of service as the bundling trigger.**

*Will be addressed at the health plan level as a component of the survey. FFS logic is consistent with rate setting.*

12. **Customer Support Ticket #97005 – Cutbacks on units across OP and 1500 form types**

*Lori to follow-up with ISD on status.*

13. **Critical Care Codes 99291 and 99292. – Will look at utilization of these codes as follow-up.**

*Lori to review current utilization of these codes.*

14. **Trauma Centers Billing – Issue with 99285 being modified is causing 0681 to not bundle properly.**

*Lori to follow-up with ISD on status. Reminder to group that all problem tickets generated for OP related claims or encounters should include a cc to Lori and Sara.*

15. **362 Codes with Technical Adjustments – Impact assessments in progress.**

*Sara provided an overview of this issue and the assessments of impacts planned.*

#### **Documentation/WEB:**

16. **O/P tables to the Web Ongoing Maintenance and Current status – Proposed policy and procedures to be drafted.**

*General updates provided on re-vamp of web page. Asked group to submit any related recommendations and/or noted issues.*

17. **“Shared” Tracking Matrix of noted potential issues with claims and/or encounters - Development of a draft tool in progress.**

18. **Outpatient Frequently Asked Questions section on the AHCCCS Web page - Draft in development, initial load will include questions and responses from trainings as well as questions from the OP workgroup email.**

19. **“Reminder” version of the O/P Helpful Hints – Discussion of the distribution of a current Helpful Hints document to emphasize key requirements, challenges encountered, etc, and additional provider sessions as needed.**

*Will be discussed pending receipt and review of re-survey results from Health Plans and Program Contractors.*

20. **O/P Fee Schedule Documentation for codes paid at the default CCR - An SSR was written to request this Adhoc report to allow for upload to the Web.**

*Adhoc in progress.*

#### **Reports:**

21. **OP Reports (current matrix attached)**

*Reviewed as ongoing tracking tool with group. Kyra to*

22. **Claim lines with \$0.00 Billed Charges, possible new edit and**

*follow-up with Becky on the*

**Adhoc to assess frequency - An SSR was written to request this Adhoc report to allow for evaluation of this potential issue.**

23. **Adhoc report of “G0” Condition Code use - An SSR was written to request this Adhoc report to allow for evaluation of this potential issue.**

*status of her evaluation of noted issues with the current OP claims management reports. Adhocs in progress.*

**Other:**

24. **Open OP Workgroup Emails**

*JeanEllen reviewed with the group all currently open inquiries. Karen and Kyra to follow-up on status of their responses.*

25. **FFS Provider Manual question regarding “covered hospital outpatient services” – revision to clarify**

*Kyra to follow-up and provide status.*

26. **Handling of retro-active reference table updates (i.e. RF773, etc.) – A draft procedure for evaluation of claims impacts will be shared in the next meeting. Will also evaluate the Health Plans request to make clear designation of changes on extracts.**

*Discussed noted next steps.*

27. **Setting rates for new codes – finalize decision**

*Sara to document.*

28. **OP Documentation on “G” Share Drive and distribution of Workgroup meeting materials**

*Lori to send a follow-up email to group on location, etc...*

29. **Other?**

*Kyra – Grievance issue with lines paid at \$0 with \$0 billed charges. Example provided to Lori for review and follow-up.*

*Karen – Requested a current, corrected version (eliminate claims failing duplicate edits) of adhoc report for V001.7 OP denials. Lori to follow-up with ISD on a re-run.*